

6/21

FILED

Jul 04, 2002 8:00 am
Secretary of State

06-02-2002 90904 023 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000051912

1. Entity Name

CHANGING DIRECTIONS OF AMERICA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5221 SATEL DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 222

Suite, Apt. #, etc.

37770

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL 328

City & State

GOLDENROD, FL

4. FEI Number

59-3650750

Applied For

Not Applicable

Zip

32810

Country

ORANGE

Zip

32133

Country

ORANGE

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Monica Pierrot

Street Address (P.O. Box Number is Not Acceptable)

5104 N 031

City

ORLANDO FL

FL

Zip Code

32810

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6/24/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MONICA Pierrot 5221 Sate (Drive Orlando FL 32810	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02

Date

Daytime Phone #

(407) 294-5800

CR2E034B (12/01)